



Bellevue Parks & Community Services
P.O. Box 90012, Bellevue WA 98009-9012

REGISTRATION FORM

10-Day Registration Preferences for Bellevue Residents * Registration begins
For more information please call 425-452-7686, Highland Registrations should be FAXED to 425-452-7841. Mail completed forms for Highland Community Center to 14224 Bel-Red Road, Bellevue WA 98007** Make checks payable to: City of Bellevue

Please Print

Adult Last Name First Date of Birth

Street Address City State/Zip

E-Mail Address ☐ Private Use Only

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Work phone Home phone

Participant's Name	Use Scholarship	Date of Birth	M/F	Class Number	Class Title	Fee	Alternate Class No.
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

Donation \$ Designated Program Area

Request for Accommodations:

Payment Details *Payment due in full at time of registration*

Payment Method

- ☐ Check
☐ Credit Card # V/MC
Expiration Date
☐ DDD (send to highland)

To the extent provided by law, in consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action to assert a claim against the City of Bellevue for negligence. **PHOTO/VIDEO RELEASE:** I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above:

Participant or Parent/Guardian Signature Date

Printed Name: